


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90011 049 ****70.00

DOCUMENT # **N48352**

1. Entity Name
**COLLINS LAKE ESTATES
OWNERS ASSOCIATION**



DO NOT WRITE IN THIS SPACE

40103306

2. Principal Place of Business - No P.O. Box #
KENNETH D. BUTLER
Suite, Apt. #, etc.
8131 PINEVERDE LN.
City & State
JACKSONVILLE, FLA.
Zip
32244
Country
USA

3. Mailing Address
COLLINS LAKE ESTATES
Suite, Apt. #, etc.
P.O. Box 440220
City & State
JACKSONVILLE, FLA
Zip
32222
Country
USA

CR2E037B (5/07)

4. FEI Number
59-3125688
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
KENNETH D. BUTLER

Street Address (P.O. Box Number is Not Acceptable)
8131 PINEVERDE LN.

City
JACKSONVILLE FL Zip Code
32244

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **KENNETH D. BUTLER** *Kenneth D Butler* **5-23-08**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERSON, MARTIN 3130 CORKY LN. JACKSONVILLE, FLA 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO SMITH, NANCY 8067 PINEVERDE, LN. JACKSONVILLE, FLA 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENNETH D. BUTLER 8131 PINEVERDE LN. JACKSONVILLE, FLA 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOWINSKI, NANCY 8171 PINEVERDE LN. JACKSONVILLE, FLA 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REP. AT LARGE STACEY, ELLIS 8060 CORKY CT. E. JACKSONVILLE, FLA 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REP. AT LARGE EDWARDS, RANDY 8056 PINEVERDE LN. JACKSONVILLE, FLA 32244

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kenneth D Butler** **KENNETH D. BUTLER** **5-23-08** **904-264-1101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #